

REQUESTS FOR NATIONAL DRIVER REGISTER (NDR) RECORD CHECKS

Who may obtain an NDR record check

Any person may ask to know whether there is an NDR record on him or her and may obtain a copy of the record if one exists. Requests from individuals require Form NDR-PRV.

Employers of drivers and locomotive engineers may also obtain NDR record checks. ***Every driver or operator on whom an NDR file check is requested is entitled to review the NDR report(s) provided to the employer.*** The results of the NDR check will be mailed only to the current or prospective employer or third party service provider. If no employer is named on the form or it is changed, the request will not be processed.

The following authorization applies to Railroad Company requests:

NDR Check Authorization: The U. S. Department of Transportation, Federal Railroad Administration, in accordance with 49 CFR, Part 240.111, requires that I hereby request and authorize the National Highway Traffic Safety Administration (NHTSA) to perform an NDR check of my driving record for a 36-month period prior to the date of this request including license withdrawal actions open at the time of file check. I hereby authorize the NDR to furnish a copy of the results of this NDR check directly to the railroad company identified on this inquiry form.

What NDR Records Contain

NDR results for employers will contain only the identification of the state(s) which have reported information on the driver to the NDR and only information reported within the past 3 years from the date of the inquiry. Driver control actions initiated prior to that time, even if still in effect, will not be included.

Detailed information to confirm identity or to describe the contents of the driver record can be obtained only from the state(s) listed when probable matches are reported. The name and address of the driver licensing official will be provided for each state listed.

How to request and NDR record check

The Request for National Driver Register File Check on Current or Prospective Employee form, may be completed by either the current or prospective employer or the current or prospective employee, **(1) the driver must authorize the request by his or her signature or mark as witnessed; (2) the driver must certify his or her identity; and (3) the request must be to the state where the driver is licensed.**

All NDR record check request **must be notarized** to certify identity unless the request is presented in person to the National Driver Register, Nassif Building, 400 7th Street, Washington, DC. Employer/employee record checks may be mailed directly to the NDR or to:

Department of Motor Vehicles
Public Operations—G199
P. O. Box 944247
Sacramento, CA 94244-2470

Individual requests for NDR checks must be submitted directly to the NDR by the individual (subject of the request) and will only be released to the individual.

Location of NDR Records

Requests for NDR record checks by individuals may be presented in person during regular working hours at 7:45 am to 4:15 pm, each day except, Saturdays, Sundays, and Federal legal holidays. The address for requesting record information in writing directly from the NDR or for making requests in person is:

National Driver Register
Nassif Building
400 7th Street, SW
Washington, DC 20590



REQUEST FOR NATIONAL DRIVER REGISTER (NDR) FILE CHECK ON CURRENT OR PROSPECTIVE EMPLOYEE

Current or Prospective Employer to Receive the NDR Search Results: ☐ Driver Employer ☐ Railroad Company
Fee: \$5 per request. DO NOT send cash. Enclose check/money order payable to DMV.

EMPLOYER OR AGENCY NAME

TO THE SPECIFIC ATTENTION OF:

BUSINESS TELEPHONE

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MAILING ADDRESS (NUMBER AND STREET)

CITY, STATE AND ZIP CODE

TYPE OR PRINT PLAINLY (Avoid delays. Inquiries that cannot be read will not be processed.)

FULL LEGAL NAME (FIRST, MIDDLE, LAST)

OTHER NAMES USED (MAIDEN, PRIOR NAME, NICKNAME, PROFESSIONAL NAME, OTHER)

MAILING ADDRESS (NUMBER AND STREET WITH APARTMENT OR RURAL ROUTE/CARRIER AND BOX NUMBER)

HOME TELEPHONE (OPTIONAL)

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CITY, STATE, AND ZIP CODE

WORK TELEPHONE (OPTIONAL)

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DRIVER LICENSE NUMBER AND STATE (DRIVER MUST BE LICENSED IN THE STATE INITIATING THE SEARCH)

SOCIAL SECURITY NUMBER (OPTIONAL)

MONTH, DAY, AND YEAR OF BIRTH

SEX

COLOR OF EYES

HEIGHT

WEIGHT

EMPLOYEE UNDERSTANDING: I understand that the National Driver Register (NDR) search will result in a printed report which will be sent only to the employer or regulatory agency listed above on this form. The report will indicate either (1) that the NDR does **not** contain a record matching my identification or (2) that the NDR has a probable identification (match) from one state (or more) which will be named on the report. A separate check of state files would be required (1) to verify the identification or (2) to obtain the driving record. It is the responsibility of the listed employer to obtain the state driver records and to determine or verify records which apply to me. Under the Privacy Act, I have the right to request record(s) pertaining to me from the NDR. I also understand that if convictions, suspensions or revocations of mine are found which I have not shown on my applications or interviews, I might not be hired as a driver or could lose my job as a driver, and the State where I am licensed may also take action on my driver license including suspension, cancellation, or revocation. I hereby, with my signature, authorize a one-time file search of the NDR and any resulting reports to be sent to the employer or agency on this form.

DRIVER'S SIGNATURE (PLEASE READ INFORMATION ON BACK BEFORE SIGNING)

DATE

OFFICIAL USE ONLY

DATE RECEIVED

DATE SENT

INTERNAL CONTROL

NOTARIZATION

The employee's signature must be notarized or the request will be returned unprocessed.

Sworn to and ascribed before me this

DAY

OF

YEAR

IN THE CITY/COUNTY OF

STATE OF

TYPE OF IDENTIFICATION:

☐ Valid Photo Driver License

☐ Birth Certificate

☐ State-issued Photo ID

☐ Valid Passport

☐ Military Discharge Papers

☐ Valid Military

☐ Other (specify) _____

Notary Public Seal or Stamp

EMPLOYEE VERIFYING APPLICANT IDENTIFICATION (PRINT NAME)

SIGNATURE